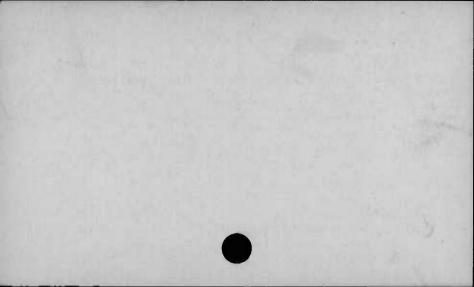
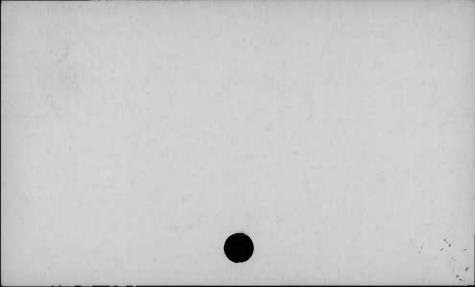
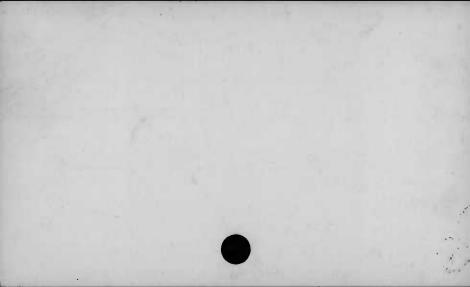
Name In Full Certificate of Death Occupation Date 19 0 2 Married - Divorced Colored Number of children living Female Single Widower Husband Wife Father's Nama Cause of Death Accident, Suicide, Homicide signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LINDARY BUREAU, TORCO



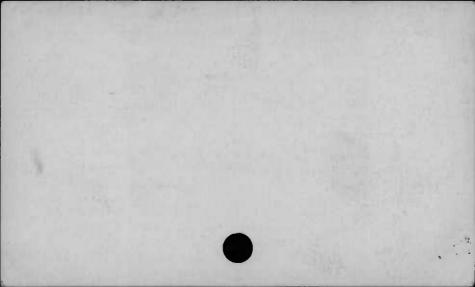
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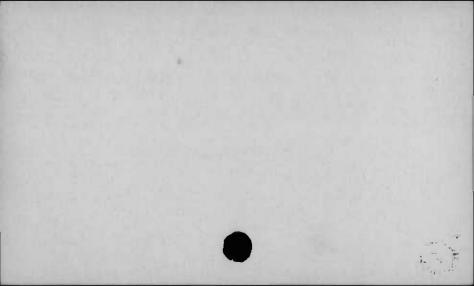
Name in Full Certificate of Death Colored Singla Number of children living Husband Wife Father's How long sick Cause of Death Immediate Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



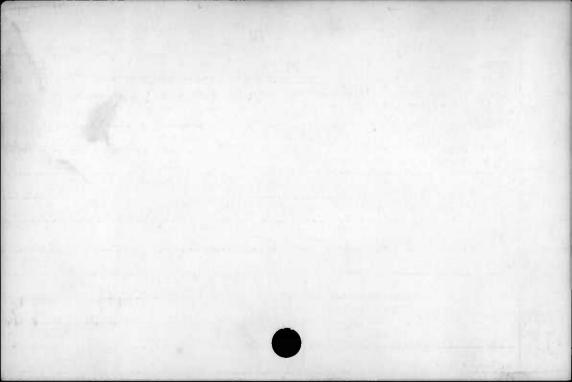
Name in Full Certificate of Death Colored Wife Father's Cause of Death Immediate Accident, Suicide, Homicide signed by physician, If any in attendance, therwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Full Certificate of Death MARYLAND Died at Occupation Date IS & 2 Male Widower Number of children living Husband Wife Father's Cause of Death Immediate Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIERARY BUREAU, 79808



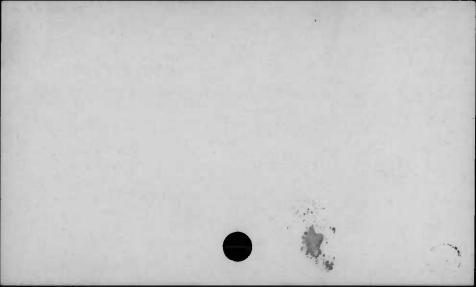
Name CERTIFICATE OF DEATH MARYLAND Months Days Birth-place FRIEN ANSWERED Married, Single or Widowed Name of Wife or 00 TO BE Father's Birthplace Mother's Mother's Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long Two years DRONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Haguelown the Accident or Sulcide? LIBRARY BURKAU A83516



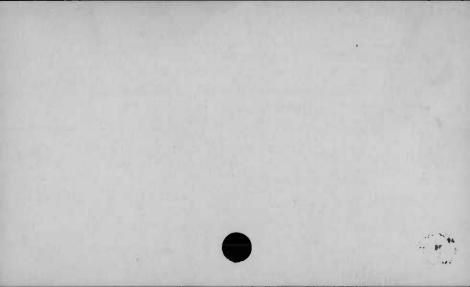
Name in Full Certificate of Death Occupation Mative of Date 19 02 Married Widow Number of children living Female Widawar Wife Father's How long sick Cause of Primary Death Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIPEATY PRIDERY, 70000

19. Hest Physician.

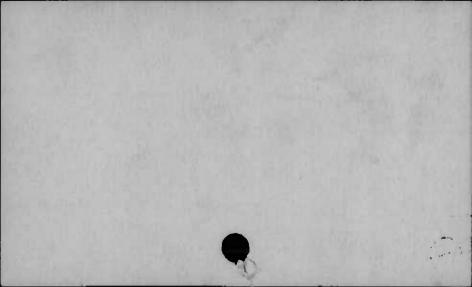
Name in Full Certificate of Death Date 1902 Widawer Number of children living Father's Name Cause of Death 2. n. Ailisen ned. Luchorile Wed Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



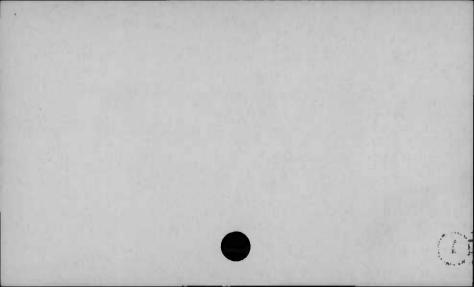
Name in Full Certificate of Death Occupation Date 1902 Male Number of children living Widower Husband of Wife Father's Name Dewal Wells Cause of Death Accident, Suicide, Homiside Reported by hed by physician, if any in attendance, otherwise by coroner, undertaker or minister. FIRRARY BUDEAU, 70000



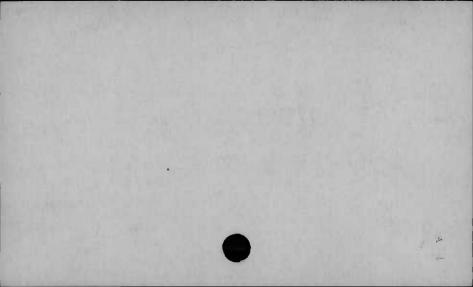
Name in Full Certificate of Death Alexander Corder D. Native of Pa White Married 9 M. Bertha Gordon Simeon leorder Name Susan Gordon Primary Atraphy of Kedneys Anasaica 120 Q. J. Your lee. M. D Brownsullo. In & any in attendance, otherwise by coroner, undertaker or minister.



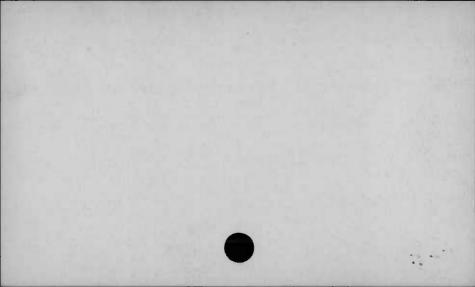
Name in Full Certificate of Death Zuca Date 1902 Married Number of children living Female Mother's Cause of Death Immediate A Accident, Suicide, Hemicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



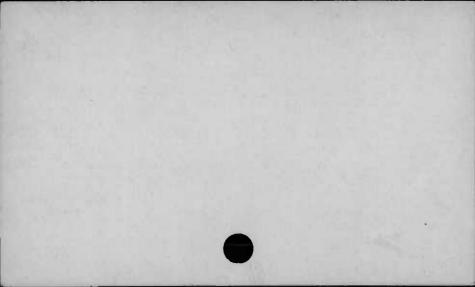
Name in Full Certificate of Death Widow Number of children living Wo. Mother's Elizabet & Sprifter 12 Schleigh at frailiere \ Accident, Suicide, Homicide Death Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Date 1902 Male Female Colored Widower Husband of Wife Father's annes Darks Maiden Name Name Cause of Stomacla Trouble Accident, Suicide, Homicide M. Watthins, Un. E Franklin St Hager Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



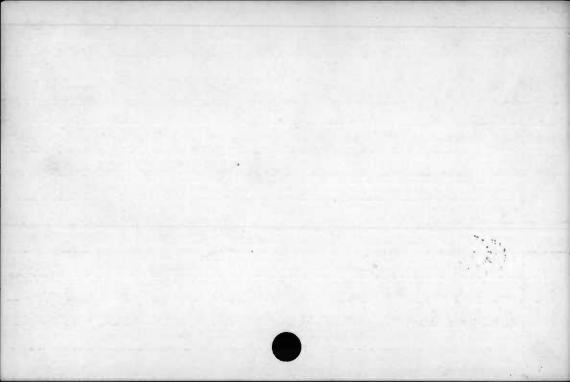
Name in Full Certificate of Death MARYLAND Month Occupation Date 19 0 2 Male Married Divorced Number of children living Husband of Wife How long sick Surval honths Death Immediate Accident, Suicide: Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



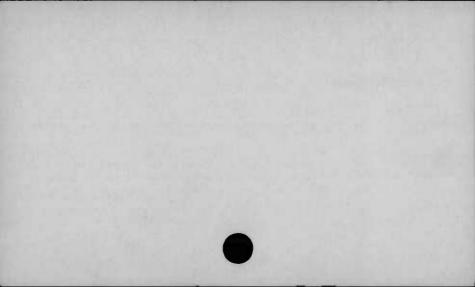
Name In Fut Certificate of Death Date 100 1902 face Number of children living Heusista Eavy-Alian Easy Cause of Death Immediate Reported by W.B. lelier Con to gred by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by I	Dr.			
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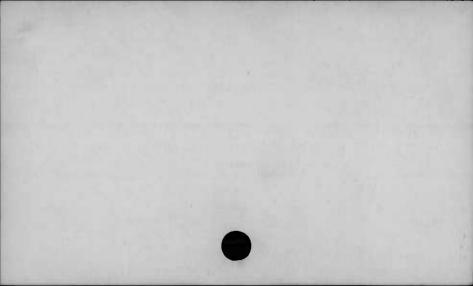
Name in Full CERTIFICATE OF DEATH County Month Months of death 190 Color or FRIEND ANSWERED Sex Race Occupation Married S-e NEAREST Name of Wife or Husband BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long RONER YSICIAN Are the name, age, sex, color, dete Signature of Physician end place correctly given above? Address Accident or Sulcide?



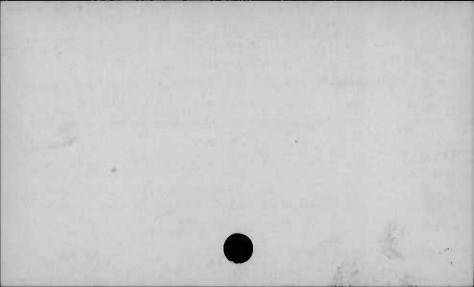
Name in Full Certificata of Death Frances Leon Teldus Number of children living Husband Wife Father's Accident, Suicide, Homicida ed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



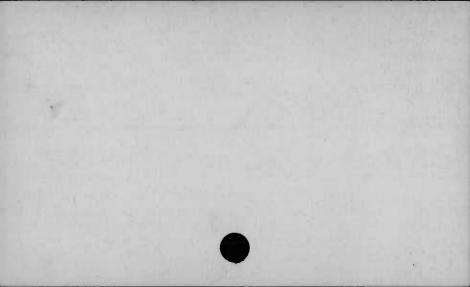
Name in Full Certificate of Death Number of children living Father's Name Maiden Name How long sick Cause of Que Week Immediate Cardiae a Accident, Suicide, Homicide Reported by O. S. D. Samon igned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



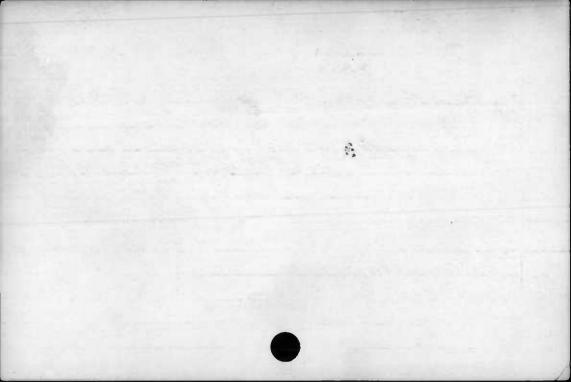
Name in Full Certificate of Death Number of children living Husband Father's Name 1 How long sick Couseurs Cause of Immediate Death ned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79893



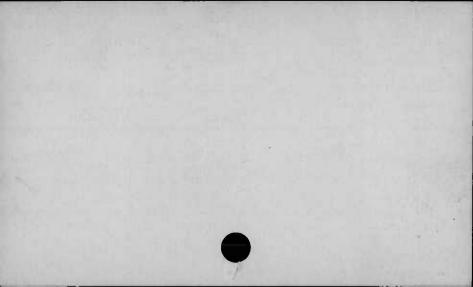
Name in Full Certificate of Death Date 1902 Male Married Female Colored Widower Husband Father's Cause of Death Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BURSAU, 70808



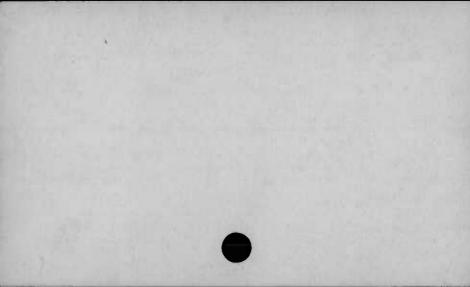
Name in CERTIFICATE OF DEATH MARYLAND Months Days Date Age BY Birth-ANSWERED REST FRIEN place Married, Single or Widowed Name of Wife on EA Father's Father's Birthplace Name OF Mother's Mother's Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correct y given above? Physician Address



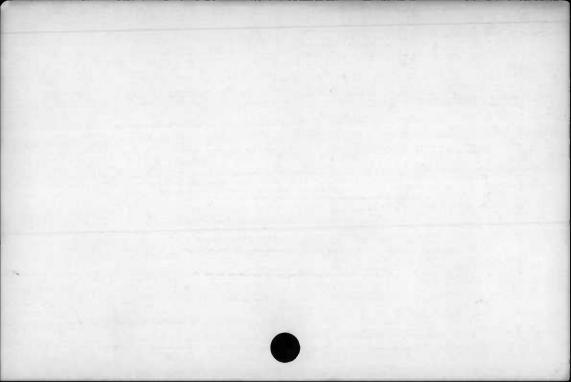
Name in Full Certificate of Death County Occupation Date 19 0 2 Female Colored Single Widower Number of children living Husband Wife Father's Name Cause of Death Accident, Sulcide, Homicide Reported by by physician, if any in attendance, otherwise by coroner, undertaker or minister-



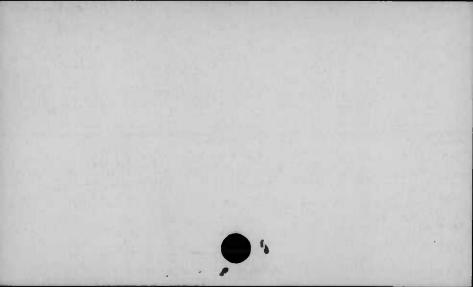
Name in Full Certificate of Death Claud Milles lynn Native of Marine Single Husband Wife Meyracy Maiden Name Delsie V. Reel Primary Browdelictes Beneels Immediate Sphareshor oridant Suicide, Homic Di lade harftburg Many Could, Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



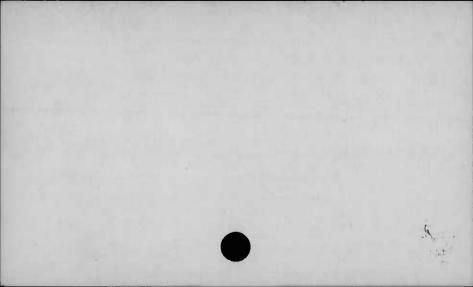
Mame in CERTIFICATE OF DEATH Full MARYLAND Months Date Age O Birth-place Color or md. ANSWERED FRIEN Race Occupation Married, Single or Widowed REST Name of Wife or Husband TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long E I HYSICIAN RON Immediate varleceur Are the name, age, sex, color, date Signature o and place correctly given above? Physician 6 Accident or Suicide? LIBRARY BUREAU ASSSIS



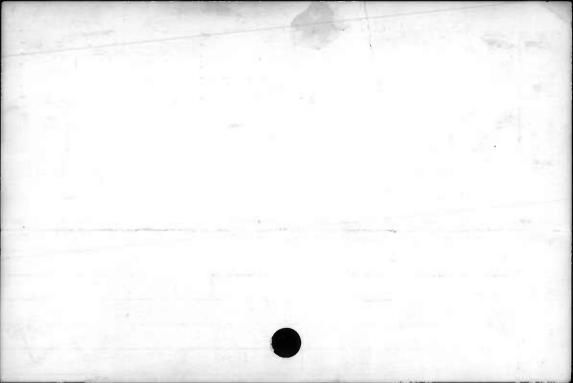
Name in Full Certificate of Deeth MARYLAND Date 1902 Number of children living Widower Husband Father's Name Accident, Suicide, Hamicide Death Immediate Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



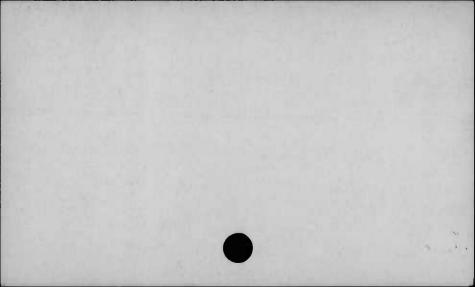
Name in Full Certificate of Death maddalew Gross Died at An benstown Ohnshington Germany Housewife Number of children living Three Wife Charles Gross Mother Name Henry Rierman Maiden Name My town Ackerman 2 days Primy Garalysis Immediate Carralysis Accident, Suicide Haminide Reported by Elechundel M. D. Hagerslown! Must be signed physician, if any in attendance, otherwise by coroner, undertaker or minister,



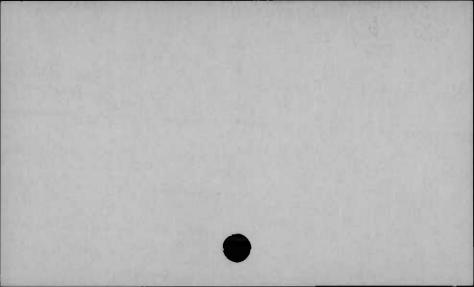
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ED BY	Sex Marks Color or Prace	Phili	Birth-	Alexa manon						
D BE ANSWERED NEAREST FRIEN	Married, Single or Widowed Price or Widowed Parmar									
	Name of Wife or Christiana C Andris									
	Father's fosult Ham	Father's Birthplace Same								
OF Z	Mother's Maiden Name Dornt-Ken	Mother's Birthplace								
	Name of person giving Charles A	How related to deceased								
Causes of Death										
PHYSICIAN R CORONER	Primary	10	How long 2 2v	14						
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(Accident or Sulcide?	mayland.								
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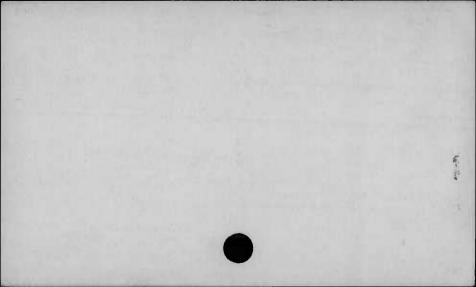
Name in Full Certificate of Death County Date 19 0 2 · Male Widow Number of children living Widower Husband of Wife Father's Mother's Occ Maiden Name Mulo Name Cause of Death Accident, Suicide, Hemicide Reported b signed by physician, If any in attendance, otherwise by coroner, undertaker or minister. DDATY D. DE EH 70998



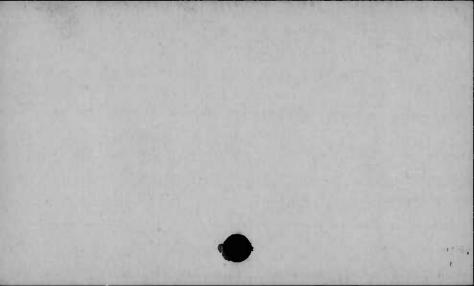
Name in Full Certificate of Death hurs. alece & Stick Jane . 9 Age 40-11-25 Mary fame Occupation Female Wirlawas Number of children living CZR Husband Mother's Father's Name Name How long sick Cause of Primary Accident, Suicide, Homioide Reported by Hagerstorm mo. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY BUPFAU, SEGRE



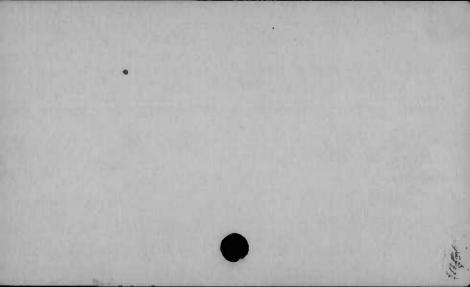
Name in Full Certificate of Death Date 19 0 2 Male Divorced Colored Number of children living Husband Father's How long sick, Cause of Death Accident, Suicide, Homicide **Immediate** Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



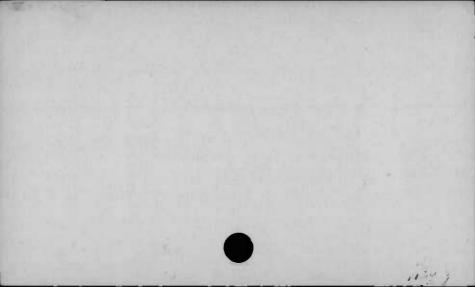
Name in Full-Certificate of Death Occupation downeyny Female Single Widower Number of children living Husband Wife Father's Mother's Name Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



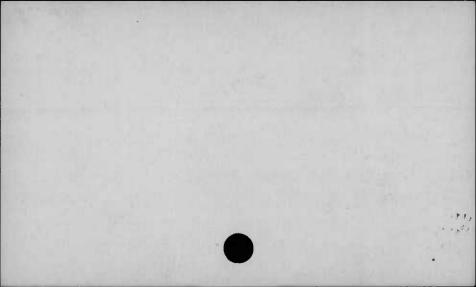
Name in Full Certificate of Death MARYLAND Month Occupation Number of children living Widower Husband -Water Cause of Immediate Reported by signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



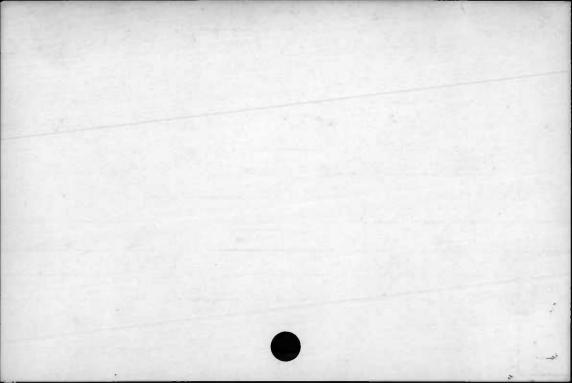
Name in Full Certificate of Death macquiet to Number of children living Father's Name Cause of Death Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 7989\$



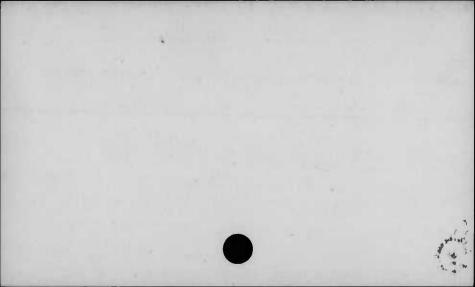
Name in Full Certificate of Death Washington enton Kline cot Boher Maiden Name Lawton Primary Acute Pleurisy & days Immediate Exhaustion + heart failure fram Shank Etearspring Hashinston physician, if any in attendance, otherwise by coroner, undertaker or minister.

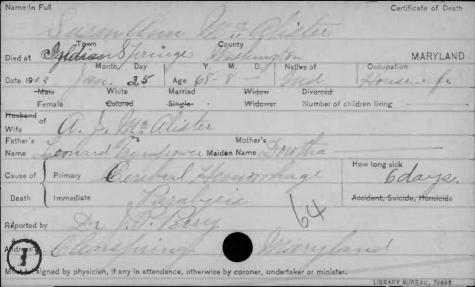


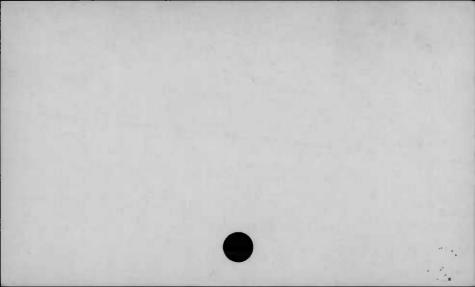
Name in Full	Henry Rud11-					ATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Breathed's orlle		Wush		MARYLAND				
	Date of death 1902 Law.	Day 2.	Age 73	Mo	nths	Days			
	Sex male	Color or Race	thile	Birth- Wash , Co					
	Married, Single or Widowed Warried Occupation Framer								
	Name of Wife or Meluida Hulzel								
	Father's James Know-			Father's Birthplace					
	Mother's Cash. Shyre			Mother's Birthplace					
	Name of person giving Brother			How related to deceased					
CAUSES OF DEATH									
	Primary Paraly	aio	60	How long	12 gr	V			
PHYSICIAN OR C RONER	Primary Paraly Immediate Gen.	Debile	ly	How long					
	Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above?								
	Address Bornsbore								
	Accident or Suicide?								
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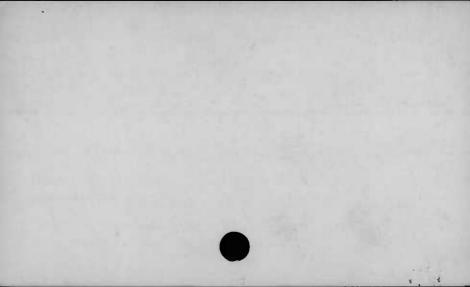
Name in Full Certificate of Death Died at M. Occupation Date 10 Married Winhows Pivoread Number of children! Female Single Widower Husband Wife Father's Mother's Name Name How long sick Cause of Death Immediate Accident, Suicide, Hamicide Reported by ed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



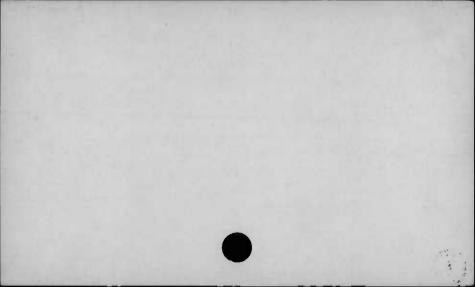




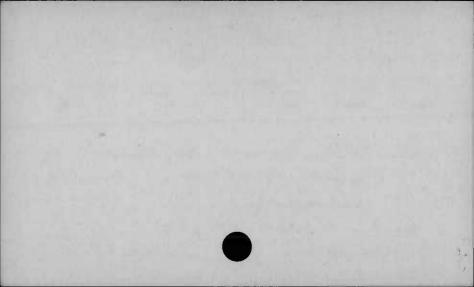
Name in Full Certificate of Death Colored Female Single Widower Number of conting-Husband Wife Father's Name Primary Cause of Death Immediate Accident, Suicide, Homicide Reported by ed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



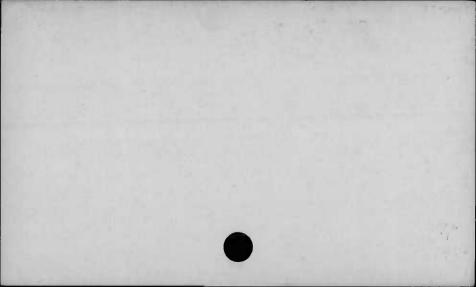
Name in Full Certificate of Death Date 1902 Husband of Wife Robert MacCoy Maiden Name C. W. Baken Rohressille Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIDRARY BUREAU, 70000



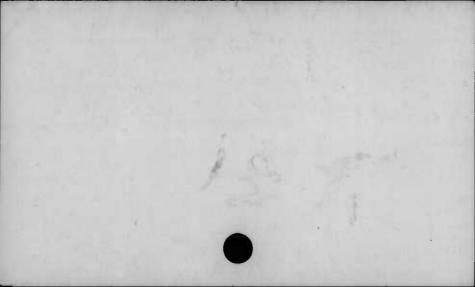
Name in Full Certificate of Death MARYLAND Occupation Date 19 0 2 Widow Number of children living 3 Name Cause of Death gned by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



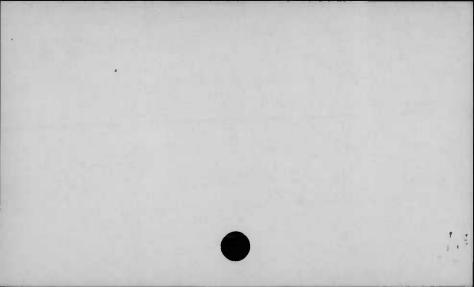
Name in Full Certificate of Death MARYLAND Native of Occupation Date 19 0 17 Widower Number of children living Husband Wife Father's Mother's Name How long sick Rhumatin Heart deseance Cause of Death RORANIA signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



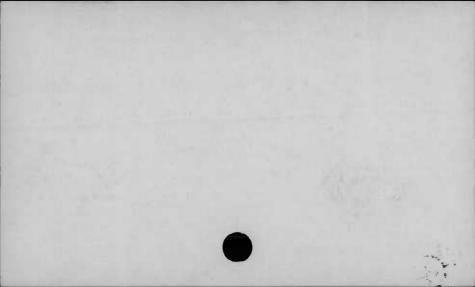
Name in Full Certificate of Death County Day Month Warried Mamber of children living Female Single Husband of Wife Father's Name Cause of Death Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



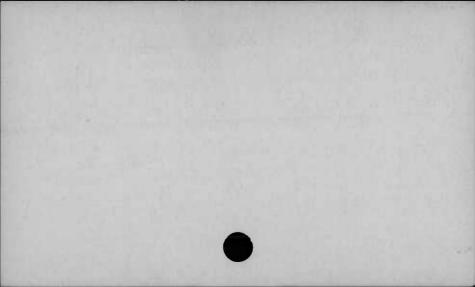
Name in Full Certificate of Death Number of children living Husband of Father's Name Cause of Primary Death **Immediate** Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY BUREAU, 79898



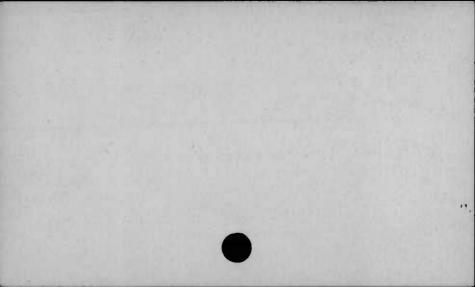
Name in Full Certificate of Death Susau murray Heagees town Mashington MARYLAND Jan 91 Number of children living Dais R. Murray Treoward Tunnet Maiden Name Sarah Nucous Primary Insufficiences of Mishae value, 1 glar Immediata Sahaus lifou Reported by Oxford Tagan Hearustown maryland Must be signed by physician, if any in attendance, otherwise by coroner, undartaker or minister. LIBRARY BUREAU, 79894

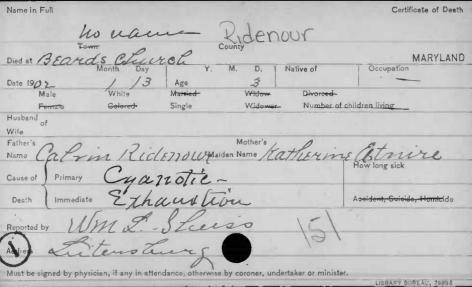


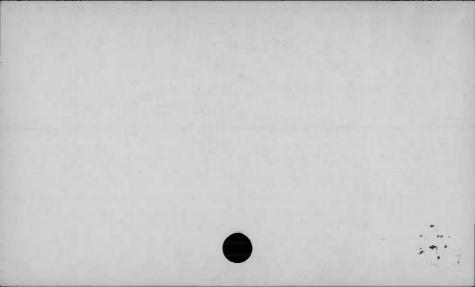
Name in Full Certificate of Death Elizabreh M Posey MARYLAND Native of Housewife ma Date 1907_ Married. Widow Male Divorced Number of children living name Female Golored Single Widawer Father's Milliam Mc Cardell Maiden Name Margaset Sowles How long sick Специота H days Cause of Immediate Cardiac Failine Death Reported by 1 Xu genstown Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



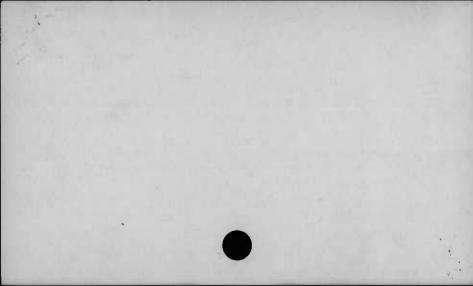
Name in Full Certificate of Death MARYLAND Native of Occupation Date 19 0 1_ Married Female Number of children living Husband Wife Father's Name How long sick Cause of Death **Immediate** Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



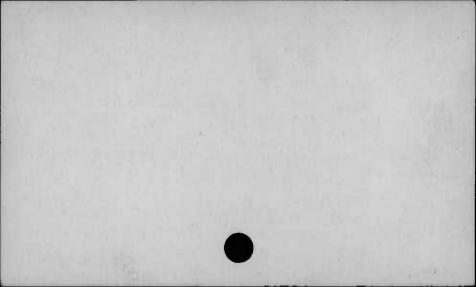




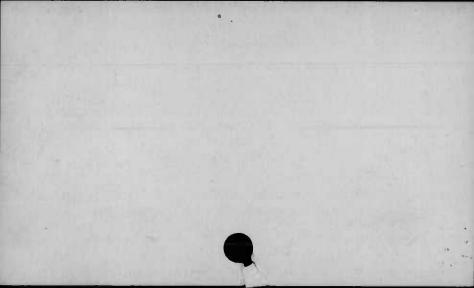
Name in Full Certificate of Death ora Elisebeth Rohne Died at MARYLAND Occupation Date 19 Widow Divorced Widower Number of children living Husband Wife How long sick Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79891



Name in Full Certificate of Death alliam tomme Date 19 0 2 Widower Number of children living Husband of Wife The C Ronnel Maiden Name Father's arried after Immediate was dead W. Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 7999



Name in Full Certificate of Death County Day Native of Married Widow Divorced Number of children living Colored Widower Female Single Husband Wife Father's Mother's Maiden Name Name How long sick Cause of Sveulwicks Accident, Suicide, Homicide Death Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79999



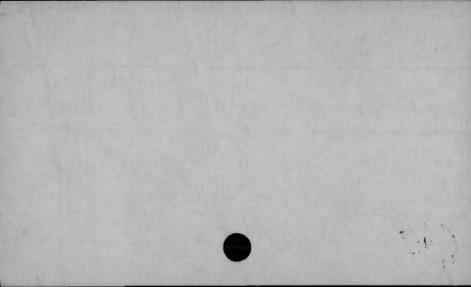
Name ica anna in Full CERTIFICATE OF DEATH MARYLAND Date of death 190 2 901 Color or Birth-REST FRIEN ANSWERED place Occupation Married Single or Widowed Name of Wife or Husband 日田 Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long RONER How long VSICIAN J.b. T. Mille v (1. D. m.) Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU A88516

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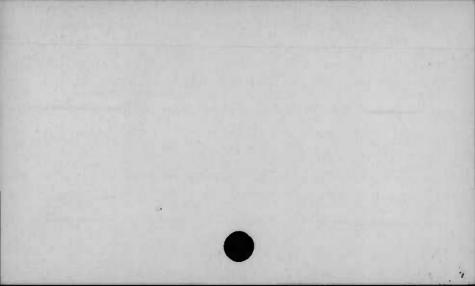
Name in Full Certificate of Death MARYLAND Occupation Date 19 02 Age 52. Male White Eamale Widower Number of children living Single Husband Father's Name How long sick Death Immediate Accident, Suicide, Homicide signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898

RePorted by James Grams

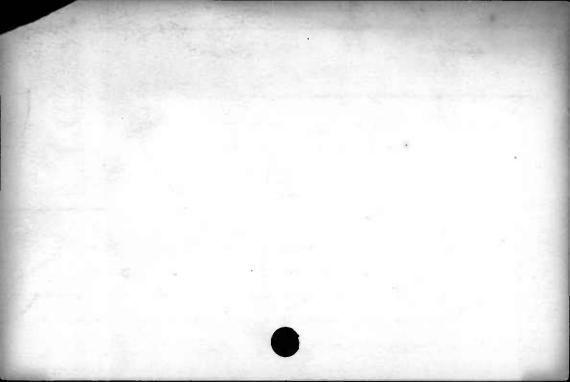
Name in Full White Single Number of children living Husband Wife Father's Secred Cur Accident, Suicide, Homicide C. J. Hingrid muscator Manyland Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



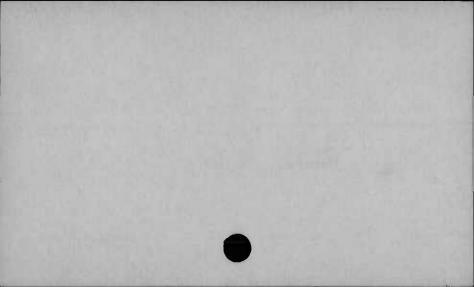
Name in Full Certificate of Deeth Charles Swith Date 190 L Age J9-5-24 2us Number of children living Coloud Widower Husband ancoula & Smith Wife Father's out Swiff Maiden Name Mary a futter Name inforis fine Cause of Death Hogeston Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



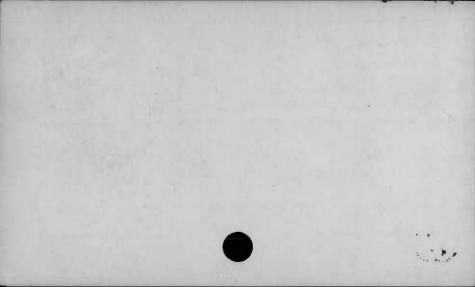
Name in Full CERTIFICATE OF ANSWERED Occupation Where Residing if not at place of death REST Married, Smele Husband out Windowad 回 Father's Boursboro Father's Mother's Birtholace How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LINRARY NUREAU A36516



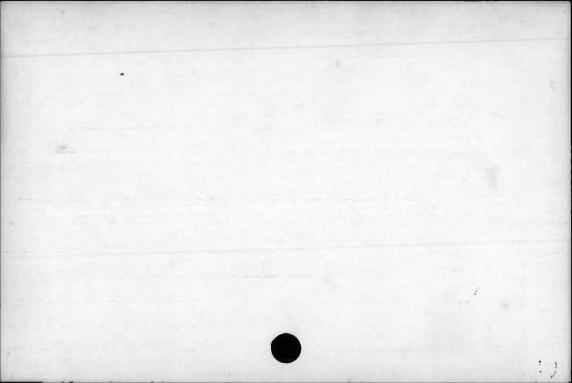
Namo in Full Certificate of Death Edith Pracy land Storesery Widow Married Colored Single Widower Number of children living Harlan Smith Leallas Smith Name Prudence Smith Acerdent Suicide, Homicide Bronston Wash. leo, md. ned by physician, if any in attendance, otherwise by coroner, undertaker or minister.



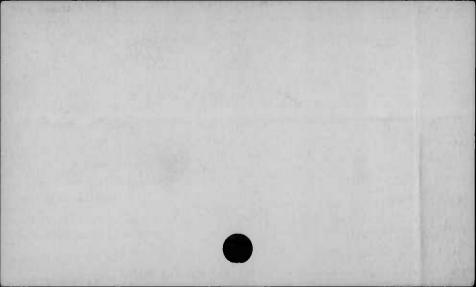
Name In Full Certificate of Death Keedy wille Native of Dete 190 2 White Male Married Esmala Colored Widower Number of children living Husbend of Wife Father's Name How long sick Ducertk Cause of sident Sulcida Homielda Death Ined by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name **Full** Date Birth-ANSWERED FRIEN Married Single Name of Williams 田田 Father's prederick Hagerman Father's Birthplace Mother's Mother's Maiden Name not Know Birthplace Name of person giving Was South How related to deceased CAUSES OF DEATH Chronic Endocente How long YSICIAN **Immediate** Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide?



Name in Full Certificate of Death Occupation Date 19/ Widow Number of children living Female Father's Cause of Immediate Death Must be signed by physician, if any in attendate, otherwise by coroner, undertaker or maister. LIBRARY BUREAU, 79898



Name in Ful Certificate of Death Office May Starksleyher Died at Hear Ferration of contraction MARYLAND White Married Widow Divosed Struss Repa Colored Widower Number of children living of Lucole Stockslybe Wife Father's Durid Bonna Name Susan Name How long sick Primary Sestion Carl Immediate Files culasis 6 Reported by (J. Mugue Addes Franksline les Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Mr. ye 18 Annial on Seen by Coloner Information contained in this certificate received from Just Neba

Name in Full Certificate of Death Viola Bertha Stockslager Died at Chewrille Date 19 6 2 Jan 20 Age 8 Number of shild en hving Husbard Primary appearsh Immediate

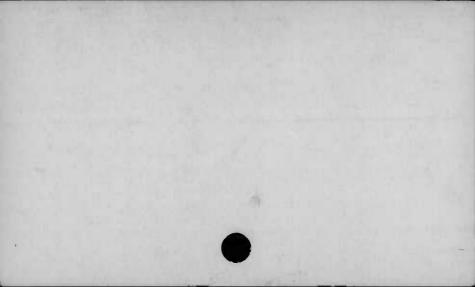
Mother's Lilla Rodlinger

How long sick

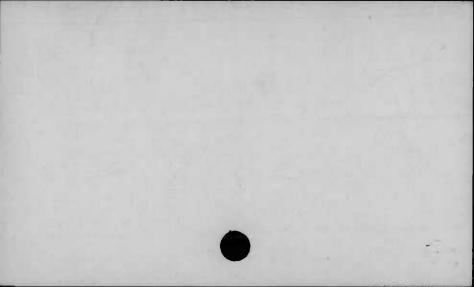
Oduy

Death Immediate Reported by ST & M. Zunatut

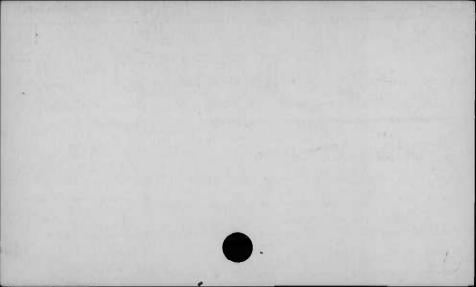
Adfress & Rewsille Mashington Co Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. IRRARY BURSAM. 70809



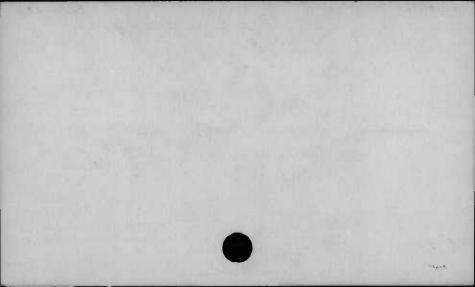
Name in Full Certificate of Death Number of children living Cause of Death Immediate gned by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Died at Date 19/19 White, Colored Number of children tiving Female Wife Father's Cause of Death Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79808



Name in Full Certificate of Death ohn M. Iruman Colear Spring Washington 2 Ago 7/2. 6.29 miles Se holf teacher Date 19 1 7_ Number of children living 22111 Colored of Mary tane Bryan Name nathanial Inemanden Name Elisabeth Bencla Primary Leves and heart disease. The Wants Immediate Homorchago theast failers Reported by Abraham Dhank - M. D. O lear spring Washington Co. Ind. signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death Theoplus Blashingorton Dled at Date 1902 Widower Number of children living Name cattarrh of Stonach Death abraham Mangans undert Manganstille Elleurgland Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898

